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BY THE COMPTROLLER GENERAL

Report To The Congress

OF THE UNITED STATES

COMPLETED

ORIGINAL

Jail Inmates' Mental Health Care Neglected; State And Federal Attention Needed

Many persons in the Nation's 4,000 jails have mental health problems, but most jails do not identify all inmates needing help or provide for their proper care. In 1973 a national advisory commission recommended that States improve jail services, and some States have made limited progress by adopting professional standards. But little has been done to improve mental health care by ensuring that jail personnel are adequately trained or that community health agencies provide services for inmates either in jail or through community-based alternatives.

This report discusses ways in which programs conducted by several Federal agencies could be more effective in helping States improve jail mental health services. It also recommends ways the Bureau of Prisons could provide better mental health care to inmates of Federal jails.

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COMPTROLLER GENERAL'S
REPORT TO THE CONGRESS

JAIL INMATES' MENTAL HEALTH CARE NEGLECTED; STATE AND FEDERAL ATTENTION NEEDED

D I G E S T

The Nation has some 4,000 jails--detention facilities that hold inmates from a few hours to 1 year. Studies indicate that from 20 to 60 percent of the approximately 142,000 persons in jails on any given day have mental health problems. But most jails do not identify all inmates needing help or provide for their proper care.

In 1971, The Law Enforcement Assistance Administration established the National Advisory Commission on Criminal Justice Standards and Goals to formulate national criminal justice standards and goals at the State and local levels. The Commission found a general lack of funding and program innovation at the local level and it concluded that few local communities, especially in sparsely settled areas, have sufficient resources to resolve jails' problems and provide appropriate health and other services. In 1973, the Commission recommended the States assume responsibility for operating and controlling local jails by 1982. If States did not assume control, it recommended a number of alternative actions, including

--adoption of professional, statewide standards for jails, and State inspections to ensure compliance;

--State supervision of and assistance for training of jail personnel; and

--State-supervised comprehensive planning to ensure that all appropriate community services agencies were used to provide services for inmates in jails or through community-based alternatives.

GAO found that States have made only limited progress in implementing the Commission's recommendations. States generally have not assumed responsibility for operating and controlling local jails, and, although some have initiated efforts to implement the Commission's alternative recommendations, their efforts have been restricted in scope and are, for the most part, incomplete. Some States are adopting mandatory professional standards for jail mental health services. (See pp. 11 to 14.) However:

--States have done little to overcome widespread inadequacies in the training of local jail personnel. (See pp. 14 to 16.)

--Criminal justice and health systems continue to operate separately, with little interaction or cooperation.

None of the States GAO visited had comprehensively assessed inmates' mental health care needs and community agencies' capacity to meet them or linked criminal justice and health systems to provide services for inmates in jails and through community-based alternatives. (See pp. 17 to 22.)

THE FEDERAL GOVERNMENT CAN DO MORE TO PROMOTE STATE ACTION

Although improving mental health care in locally operated jails is not primarily a Federal responsibility, financial and technical assistance programs administered by the Department of Justice's U.S. Marshals Service, Law Enforcement Assistance Administration, and National Institute of Corrections, and by institutes of the Department of Health and Human Services' Alcohol, Drug Abuse, and Mental Health Administration could aid the States in bringing mental health care services for inmates up to acceptable standards.

The programs are not a panacea, but they could provide aid for implementing statewide standards and for ensuring appropriate use of community service agencies. (See ch. 3.)

THE FEDERAL GOVERNMENT SHOULD IMPROVE SERVICES IN ITS OWN FACILITIES

The Department of Justice's Bureau of Prisons operates three Metropolitan Correctional Centers, the equivalent of jails. The two Centers GAO visited did not always adequately screen incoming inmates or provide for adequate treatment for inmates having behavioral disorders. Also, treatment deviated from professional standards in that neither had a program for alcoholism, and one lacked a program for drug addiction. Although the deficiencies were attributable, in part, to funding constraints and personnel shortages, GAO believes correction of management shortfalls would improve services and facilitate better use of resources. The Bureau should:

--Give greater priority to providing clerical support for professional mental health personnel to increase the time they have available for professional duties.

--Ensure that appropriate ongoing psychological reinforcement training is provided to physician's assistants engaged in identifying mental health problems.

--Require that a psychological file be established for each inmate identified as mentally ill and that the psychological diagnoses, treatment, and results be recorded. (See ch. 4.)

RECOMMENDATIONS

Some Federal programs have already made useful contributions to jail mental health care. However, various steps could be taken to enhance their overall impact. Among other things, GAO recommends that the Department of

Justice and the Department of Health and Human Services further coordinate their efforts pertaining to mental health care for jail inmates to better assure that Federal efforts are directed at common goals and are mutually supportive.

GAO recommends that the Attorney General:

--Require the Administrator of the Law Enforcement Assistance Administration to aid the States in achieving an ongoing capability for helping their jails by expanding the training opportunities for State personnel who train local jail staffs.

--Require the Director of the National Institute of Corrections to ensure that its Jail Center provides training for State jail inspectors in mental health care services and establishes a program of demonstration and training in the implementation of professional standards for mental health care services in at least some, and eventually all, Jail Area Resource Centers.

GAO also recommends that the Secretary of the Department of Health and Human Services:

--Direct the National Institute of Mental Health and the National Institute on Alcohol Abuse and Alcoholism to revise guidelines for comprehensive statewide mental health and alcoholism plans to make it clear that State agencies should assess the needs of jail inmates in the planning process.

--Direct the National Institute of Mental Health to furnish guidelines to community mental health centers and State agencies responsible for mental health that specifically describe the ways in which centers could assist jails.

--Strengthen National Institute on Drug Abuse procedures for reviewing the comprehensive plans of State agencies responsible for drug planning to ensure that the drug treatment needs of jail inmates are considered.

AGENCY COMMENTS

The Departments of Justice and Health and Human Services commented on a draft of this report by letters dated September 24, 1980, and September 22, 1980, respectively. (See app. I and II.)

The Department of Justice stated that, in general, the report presents a fairly thorough critique of mental health care conditions in State and local jails and provides good insight into the problems of providing mental health care to jail inmates. The Department stated that GAO's recommendation that LEAA provide for training of State jail inspectors and other appropriate State personnel was realistic and deserving of LEAA's support, but pointed out that the LEAA program was being phased out of existence.

The report's recommendation was made at a time when the future of LEAA was uncertain. In fact, final appropriation decisions have not yet been made. If LEAA is phased out of existence, alternative sources of funding for all of the LEAA initiatives discussed in this report will have to be found if they are to continue.

The Department of Health and Human Services stated that it would review present and future activities most carefully to assure that emphasis on care for jail inmates is ongoing and persistent and that strategies are jointly developed with other Federal and State agencies. The Department agreed with all of the report's recommendations except one concerning the National Institute on Drug Abuse's limitation on treatment slots for persons from the criminal justice system.

After assuring itself that limitations were not being placed on referrals from the criminal justice system, GAO deleted this recommendation from its report.

A detailed analysis of agency comments is included on pages 56 to 59 and 67 to 69.

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ABBREVIATIONS

ACA	American Correctional Association
ADAMHA	Alcohol, Drug Abuse, and Mental Health Administration
AMA	American Medical Association
BOP	Bureau of Prisons
DOJ	Department of Justice
HHS	Department of Health and Human Services
LEAA	Law Enforcement Assistance Administration
MCC	Metropolitan Correctional Center
NIAAA	National Institute on Alcohol Abuse and Alcoholism
NIC	National Institute of Corrections
NIDA	National Institute on Drug Abuse
NIMH	National Institute of Mental Health
SIP	Standards Implementation Program
TASC	Treatment Alternatives to Street Crime